## PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, September 10, 2020 at Brown County Sophie Beaumont Building, Boardrooms A & B; 111 N Jefferson St; Green Bay, WI 54301

Present:

Supervisor Tom Lund, Chair; Michael Conley-Kuhagen; Supervisor Lindsay Dorff;

Craig Huxford; Laura McCoy, Vice Chair; Supervisor Randy Schultz

Via Phone:

Kathryn Dykes

Excused:

Also Present: Erik Pritzl; Executive Director

Samantha Behling; Hospital & Nursing Home Administrator

Jenny Hoffman: Community Services Administrator

Eric Johnson; Finance Manager Cathy Foss; Office Manager

# 1. Call Meeting to Order

The meeting was called to order by Supervisor Lund at 6:00 pm.

#### 2. Approve / Modify Agenda

DORFF / HUXFORD moved to approve the September 10, 2020 agenda. The motion passed without a negative vote.

Approve Minutes of August 13, 2020 Human Services Board Meeting
 SCHULTZ / CONLEY-KUHAGEN moved to approve the minutes dated August 13, 2020. The
 motion passed without a negative vote.

#### 4. 2021 Budget Draft Overview

Erik Pritzl, Executive Director, distributed the 2021 Draft Budget for Community Services and Community Treatment Center within the Health & Human Services Department.

He explained this has been one of the most difficult budgets to put together due to COVID, especially due to revenues and expenditures being impacted. We have not received a lot of information from the State regarding funding for 2021, so we are moving ahead assuming things are status quo.

Community Services is requesting an additional Clinical Social Worker/Professional Counselor position for the Outpatient Clinic at Community Treatment Center to support the demand for additional mental health and substance use services.

We are also requesting another Clinical Social Worker/Professional Counselor for a (Police) Officer/Clinician teams. We currently have one employee who works alongside the Mental Health Officers with Green Bay Police Department and it has been a very successful program based on the stories we hear, and the positive outcomes from the six months of having this position in 2019, and the first few months of 2020. This year, COVID has radically changed operations with calls, admissions, etc. and we have not been able to see what this position could do during a full year of normal operations. Feedback from Law Enforcement has been tremendously positive for this position. We want to look at expanding that team, and outreach to other jurisdictions besides Green Bay Police Department like the Sherriff's office (for welfare follow up calls) working with community deputies and other jurisdictions.

We requested additional support in the Youth Justice area of Children, Youth & Families. We are seeing increases in activity as well as complexity – it is not just about the youth; it is about family systems and community work. We've had low staffing in this area for a while, so we'd like to add a Lead Social Worker position to work alongside the Youth Justice Supervisor to help train and onboard new employees, supporting program development and improving service.

Another position we have requested is an Enterprise Systems Analyst, a support position for our electronic health records system. We have two Systems Specialists – one stationed at the Community Treatment Center and one at Sophie Beaumont for Community Services. These two positions support all of our Avatar users by themselves – user management, system changes and enhancements, new releases – they have to do testing with new releases using our current data to make sure nothing changes our fields and how they populate. This new position would offload the day-to-day operational pieces allowing our System Specialists to focus on strategically using the system – what can we learn about our populations, how can we make sure we are getting all the revenue and the reporting is correct in the system and it is preserved. There is so much revenue that flows through Avatar we want to be sure that information is handled as well as possible and it is a risk management strategy at this point.

We also would like to add some Case Management positions in Comprehensive Community Support (CCS) which ties into our initiatives.

Our initiatives make use of State funded programs for targeted mental health services. Comprehensive Community Services is a funding and program source to meet the needs of people with mental health and substance use issues. We want to use this as much as possible to provide the service and get as much help to those who are eligible. Children's Long Term Support has a waitlist elimination as well, and we need to ensure that is handled correctly. We are going to make use of all the State money as we can.

Telework utilization and virtual service delivery – we have had experience with that this year, and we want to keep going. Pritzl spoke with some individuals from the federal government, and they are on-board with the regulation to continue virtual service delivery, but the most important part is the billing capability. They can waive rules to allow us to services over Skype for example, but we need to be able to bill for these services to capture revenue.

Workforce retention is another initiative – it has improved this year, we want to look across the department, understand turnover and see how it might have changed. For example, Economic Support and Child Protective Services have lower turnover this past year than historically which is great. Now we want to look at Behavioral Health, as we have seen there might be some increases – different market, different staffing. But we want to see how we make those changes tailored to each unit. What we have done in Child Welfare might not be the same thing we would do in Adult Clinic Services. Economic Support retention strategies will be different than Children's Long Term Support.

The last initiative is tied to the Electronic Health Record position to make sure our systems are upto-date, accurate, functioning properly, revenue is protected within the system, consumer records are accurate and information is shared across staff, and how all of that information can tell a "story" of how we are delivering services. We want to be able to streamline processes in all of our units.

LUND: Regarding staffing - those working from home, not seeing turnover from that?

PRITZL: Even with virtual work, we have seen people depart to take other opportunities, but this year turnover has been lower in certain areas.

LUND: In Child Welfare...have you had turnover in that area?

PRITZL: We still have turnover, but it is lower this year.

LUND: I'm wondering about the interactions; they might be afraid of getting COVID, that they need to go out and still do their job. Has there been any problem with that?

PRITZL: I'd say there's been a few situations where people have been concerned, and their job duties were that they had to meet face-to-face. We make sure to supply personal protective equipment (PPE). There have been a few hesitant to provide clinical services in person, some didn't want to do it virtually, so you see the opposite, too. We make sure they all have the equipment they need. Child Welfare really hasn't said too much about going out; Adult Protective Services has managed it well. You haven't heard anything about people being concerned or leaving because of face-to-face services.

HOFFMAN: No. The most important thing is getting them the PPE so they can go out and provide the services.

Pritzl continued covering the charts covering the financial numbers in the Draft Budget. He explained things have moved around in the budget. As the department prepares the budget, we review it line-by-line of every division, and it forces us to ask questions. We had some things misaligned – services delivered in one division, but the revenue over in another division. For example, in Behavioral Health (page 15) you see some significant levy increase from 2.4 to 4.3; and some intergovernmental revenue going down almost \$700,000. We moved some of the intergovernmental revenue attached to behavioral health services down into Children, Youth & Families because the Child & Adolescent Behavioral Health Unit, all of their revenue was going to Adult Behavioral Health. Historically, because it flowed through the basic County allocation that came from Department of Health Services, it is a clinical service. At some point, someone thought because it is a clinical service means it goes into one cost center. It is all accounting corrections to make sure we are aligning things correctly in cost centers; so that is why you will see fluctuations. And then, if we had revenue that displaced property taxes, we then moved the property taxes to back-fill the operations. Property taxes are the last funding source that goes into our budget and it is allocated based on the gaps that exist.

We also had some changes in Comprehensive Community Services, a mental health case management program, being split between adult and children. We shifted some of the expenses and revenues between Behavioral Health and Children, Youth & Families.

For example, you will note that property taxes have gone down significantly in Children, Youth & Families, intergovernmental revenue goes up significantly. Technical corrections for the most part.

We also had increases in allocations from Department of Children and Families – we thank our State partners for recognizing the needs and over the course of the bi-annual budget there were increases in the BCA two times, once for this year, and once for next year.

On the Criminal Justice Services chart on page 17, there is a property tax increase of approximately \$167,000; we identified a position that was under the Behavioral Health cost center. We had previously realigned the Jail Liaison position from Behavioral Health to Criminal Justice but had not moved the cost for the position. We also moved some of the residential treatment so that mental health court could dedicate money toward residential treatment themselves without working through Behavioral Health.

Regarding the Total Community Service budget chart on page 18 – it shows a property tax increase of \$600,000; but there are changes in indirect costs that we get assessed through the County allocation plan. These are items like Human Resources, space allocation costs, Corporation Counsel time, Finance time, Technology Services; when the County reallocates those costs, then they move the levy accordingly. If one department went down and lost indirect costs, it would then move to the department that increased in indirect costs.

We are able to accomplish all the work we have historically done and a few new things within the property tax levy we have to work with, as well as the revenue sources we have access to.

The Draft Budget also contains Grant details we are required to report specifically to our Committees. Grants come to us from various external sources assigned to us through applications. We have a couple transportation grants; treatment alternatives and diversion (TAD) grant supports some of our Criminal Justice area; elder abuse grant.

On the last few pages, we detail the contract providers we work with; these are based on allowable costs, some competitive bid process, or sole-source provider, they are program-attached, however.

Finance Manager Eric Johnson wanted to note on page 18 in the totals chart for Community Services, there is a significant increase in Intergovernmental revenues and also a significant increase in Personnel Costs and Operating Expenses. Both went up by about \$3M; those are large increases in both revenue and expense because they are increases in CLTS and CCS that are fully funded. We are increasing activity in those areas, but it is totally funded, with no direct impact to the bottom line.

Pritzl continued by discussing the Community Treatment Center budget summary on page 18 stating their budget has not changed significantly. Part of the cost for the Enterprise System Analyst will go to CTC to support the work there. We are requesting an Advanced Practice Nurse Practioner for the medical screening portion of the Crisis Assessment addition; however, most of the cost for that APNP will be under Community Services as an Outpatient Clinic function, but the supervision, due to medical oversight, will be under CTC.

LUND: Have you heard from any of our vendors? Will it be tough for any of them to continue any services; are they having money crunches, etc.? We used to hear from them at budget time about 10 years ago.

PRITZL: I don't believe any vendors have reached out to our Contracts Manager or communicated issues.

HOFFMAN: No, I don't think so.

JOHNSON: Our revenues for services provided to us are a steady stream of revenue for them, so they are generally happy with us. They have also been supported through COVID 19, the State has supported Human Services and Public Health very strongly.

PRITZL: There is one technical thing you should made aware of — Children's Long Term Support (CLTS) went through a rate setting process because Counties were negotiating different rates with providers. The State, in an audit by the Federal Government, was advised to standardize rates across the state. This sounds like a great idea, but it does not take into account individual market conditions that might drive providers differently. We have to see how this plays out, as this is the first year of rate setting, and what providers are receiving is a standard rate across the State. It is not negotiable; you can go as high as the standard rate, you can go below the standard rate, but cannot go above the standard rate.

HOFFMAN: It is those that group services that took a real hit – agencies that do group programming. We are working with them as we really need those services.

PRITZL: So if you hear someone say the group rates were a problem or the rates we received for services, or children with needs due to a disability that could be what they are talking about, but we did not have control over the process; it was a State rate setting process.

LUND: It shouldn't hurt us too much like Milwaukee and other places where the cost of living is higher than Green Bay.

JOHNSON: I did not hear that our providers are too concerned about it. We were pretty competitive/much in line with rates the State came up with.

McCOY / DORFF moved to approve and send the 2021 Draft Budget to the County Executive. The motion passed without a negative vote.

## 5. Executive Director's Report

Executive Director Erik Pritzl provided a verbal overview for his September report.

#### Secure Residential Care Center for Children and Youth (SRCCCY)

The Department of Corrections offered a meeting to talk about our concerns with the grant agreement and contract which largely revolves around the land and how land would be handled as consideration in the contract, operational losses is the other big piece and how that would be handled in the future. We talked as Counties with the Department of Corrections, including having the Secretary of Corrections on the call with us. The Secretary was open to hearing our concerns and the four Counties who applied really said the same thing – we are not sure how this works with the losses. Two of us have questions regarding the construction and the land, and trying to understand how we can move forward with the State plan of Type 1 facilities off to the side. No one knows what they are doing with their replacements of Lincoln Hills and Copper Lake, and that impacts those County facilities.

LUND: Are you thinking about property close to the (Brown County) Jail, right? The County property out there...

PRITZL: It will be somewhere on County property. We looked at some space close to the Jail, but we have to careful about future jail expansion, as well as some other land features there. There is some better property near CTC.

LUND: What about the neighbors, do they know anything about this?

PRITZL: I received a call from a neighbor at one point, but just one.

LUND: We heard a lot from the neighbors about the boat landing.

PRITZL: This is designed to be a secured environment. The one call I did get was at the early point of the Jail project, and they assumed we were already building it.

LUND: Not that there is going to be elopements from this facility or anything like that; it's just the way it is when you build things like this.

PRITZL: It is designed to be secure, and there are very specific instructions and standards we have to follow with this type of facility. We will keep it as far away from neighborhoods using the County land that is available.

LUND: I have a question regarding Foster Care – So you are trying to do more with keeping children with families or relatives, right? You are already working on that? How is that going?

PRITZL: We have a new program – Targeted Safety Supports – which allows us to flexibly fund more services to keep kids with their families. The State changed the program, we applied for the program. We have a lot of supports we can tailor to families and work with some non-traditional or non-typical vendors to keep kids at home. We also use kinship relatives at a higher rate than the State average and higher than most Counties in the region. We are required to seek out family, but we clearly do this at a fairly good clip.

LUND: The State is initiating that (kinship care) is the wave of the future.

PRITZL: You will see some big changes coming with contracts for Child Welfare in terms of services we use as well as prevention services with the Families First Prevention Act at the Federal level. It will require evidence-based programming to be used; if you use congregate settings like group homes/residential care centers, you really have to justify it. The programming has to be specific and evidenced based and the idea is you are getting kids to those family-like environments where they should be placed. It is a push to get away from non-family care environments.

HOFFMAN: We just bought a subscription to a system that will allow us to find family members from all over the United States. We are excited to see if that will help us with the family find. Our staff does a great job of trying to keep kids in the home if possible, and next keeping them with family.

LUND: If the child moves to a different State, but with a relative, it is turned over to that County's program for case management?

PRITZL: We have to go through an inter-state compact process. We have to do a request of the receiving State to do a home study, and if approved, then the child transfers to that jurisdiction with supervision by that department. There is an actual inter-state process.

HUXFORD: How will the shift in getting away from Foster Care impact the youth home (SRCCCY)? PRITZL: It does not affect the correctional environments that are secured. It does not affect them the same, but they are subject to being a qualified residential treatment program. Rawhide, for example, they have to meet certain standards with their program, but secure detention programs and the way secure residential is written right now, it does not fall under the same regulations because the youth are placed for reasons not child welfare/child protection related; it is Youth

because the youth are placed for reasons not child welfare/child protection related; it is Youth Justice. They are not falling under the same regulations right now. The package we have to provide under secure residential is already rather robust; there are specifics to that programming that are different than this.

SCHULTZ / HUXFORD moved to receive and place on file the Executive Director's Report for September 2020. Motion carried without a negative vote.

# 6. CTC Administrator Report including NPC Monthly Report

Samantha Behling, Hospital & Nursing Home Administrator, highlighted items from her report.

#### COVID-19

We started outdoor visitations at the Nursing Home on September 9; we were a bit behind the curve of other private facilities in the area, but we wanted to demonstrate extra compliance with our local Public Health and slow the community spread. We are doing these visits as safely as possible.

# Regulatory Concerns

In late August, the Centers for Medicare and Medicaid Services came out with an Interim Final Rule. It is a 200-page document with regulatory requirements for long-term care including what we see as mandatory testing of healthcare employees and residents. We are currently organizing how our facility will respond to the new regulations.

#### Basic Medical Screening Procedures, Crisis Center Addition

The construction process continues on CTC's campus. One of the new positions requested in the 2021 Budget is medical staff member to conduct services at the facility. Currently we are asking more questions on the revenue behind that and anything that would fund or support that position. We are asking what can be captured through that service, while it builds other efficiencies and provides better consumer-focused care.

#### Other Business

One of our initiatives for 2021 is workforce retention, and there have been long-term challenges withing the nursing department at CTC; these challenges are not unknown to the world of healthcare. One of the areas we have identified which would be controllable without a fiscal impact is to shift funds that are currently expenses in budgeted overtime and agency personnel and reinvest in our part-time, non-benefit eligible positions. It is not going to be a position increase for all of the nursing staff, we are going to focus on the part-time positions, weekend coverage, the group you really need to step in to relieve those benefit-eligible employees and have some schedule consistency. This would provide overall a better quality of care by not having pool/agency staff come in. We are working on some Table of Organization changes for 2021; potentially even 2020. The funds are there, it is just a shift of allocation to invest in our own employees

JOHNSON: This is consistent with the industry; we are just trying to get in step with other facilities have been doing for a long time to keep overtime and agency costs down by paying our own employees to fill these weekend positions a little bit better.

DORFF / CONLEY-KUHAGEN moved to receive and place on file the CTC Administrator Report for September 2020. Motion carried without a negative vote.

## 7. Appointment of Christine Hyde, APNP to Medical Staff Committee

McCOY / HUXFORD moved to appoint Christine Hyde, APNP to the Medical Staff Committee. Motion carried without a negative vote.

# 8. Financial Report for Community Treatment Center and Community Services

Finance Manager Eric Johnson highlighted items from his September report.

The reports are for the period ending July 31, year-to-date for Community Treatment Center and Community Services. At the end of July, both are ahead of budget for the year. For CTC, the main driver is the Nursing Home census has been high and a significant rate increases/change in Nursing Home rate structure and we got a retro-active adjustment that went all the way back to July 2019.

For Community Services, there was an unfavorable misstatement in June that was corrected in July, and so that favorable impact is shown here. Community Services has benefited from lower fringe benefit costs. We have higher revenues in the CLTS area, one of the fully funded programs. There was also a transfer of about \$100,000 to Public Health for time Community Services staff spent working the Community Isolation and Quarantine Site (CIQS). A grant came to Public Health for that, but they needed assistance of Community Services staff so we were able to transfer some of the wage costs to Public Health which will be reimbursed by the grant.

HUXFORD / SCHULTZ moved to receive and place on file the Financial Report for September 2020. Motion carried without a negative vote.

## 9. Statistical Reports a, b, & c

- a. Monthly CTC Data Bay Haven Crisis Diversion/Nicolet Psychiatric Center
- b. Child Protective Services Child Abuse/Neglect Report
- c. Monthly Contract Update

SCHULTZ / CONLEY-KUHAGEN moved to receive and place on file all statistical reports under item #9. Motion passed without a negative vote.

# 10. Request for New Non-Contracted Provider & New Provider Contract

McCOY / DORFF moved to receive and place on file the Request for New Non-Contracted Provider & New Provider Contract Reports for September 2020. Motion passed without a negative vote.

#### 11. Adjourn Meeting:

HUXFORD / SCHULTZ moved to adjourn. Motion passed without a negative vote.

Chair Tom Lund adjourned the meeting at 6:42pm.

Next Meeting: Thursday, October 8, 2020 at 6:00pm.

Sophie Beaumont Building; Boardrooms A & B

111 North Jefferson Street Green Bay, WI 54301

Respectfully Submitted, Catherine Foss Office Manager